## **HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)**

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)		
Ito, Kenneth T.	State Representative 48th Dist.		
	TERM OF OFFICE (Begin/End): 11/02/04 / 11/02/06		

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

## ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,J <b>T</b>	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED	
	State Capitol 415 S. Beretania St. Honolulu, HI 96813	F	State Representative	
[ ]Check here if entry is None [ ]Check here if additional sheets are attached				

## ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of more or is equal to 10% or more of the ownership of the business

ne State ii	e State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.							
F,SP, DC,J <b>T</b>	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES				
[ ]Check here if entry is None [ ]Check here if additional sheets are attached								

## ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer. OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE F,SP, DATE OF DC,JT **TRANSFER** [ ] Check here if entry is None [ ]Check here if additional sheets are attached ITEM 4: CREDITORS List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods. NAME OF CREDITOR **ORIGINAL AMOUNT AMOUNT** F,SP, **OUTSTANDING** DC,JT OWED [ ]Check here if additional sheets are attached [ ] Check here if entry is None ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation. **ANNUAL** TITLE HELD TERM OF OFFICE F.SP. NAME AND ADDRESS OF BUSINESS COMPENSATION DC,JT

[ ] Check here if entry is None

[ ]Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed. F.SP. STREET ADDRESS TAX MAP KEY NUMBER (IF TAX VALUE DC,JT MAP KEY NUMBER EXISTS) [ ] Check here if entry is None [ ]Check here if additional sheets are attached ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed. F,SP. STREET ADDRESS AND TAX MAP KEY NUMBER (IF **AMOUNT & NATURE OF** NAME OF PERSON DC,JT TAX MAP KEY NUMBER EXISTS) **CONSIDERATION PAID** RECEIVING THE CONSIDERATION F 99-689 Kahilinai Pl. D Ken Ito Aiea, HI 96701 99-023-034-0000-001 ]Check here if entry is None [ ]Check here if additional sheets are attached ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed. F,SP, STREET ADDRESS AND TAX MAP KEY AMOUNT & NATURE OF NAME OF PERSON DC,JT **FURNISHING THE** NUMBER (IF TAX MAP KEY NUMBER EXISTS) CONSIDERATION RECEIVED CONSIDERATION

[ ] Check here if entry is None

[ ]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation

	sure period, excluding clients represented be	rore	courts.	<u></u>		
NAME OF CLIENT N			ME OF STATE AGENCY			
[√]Check her	e if entry is None			here if additiona		are attached
	ITEM 10: CREDITOR INT	ERE	STS IN INSOLVENT BUS	SINESSES		
List the amount value of \$5,000	and identity of every creditor interest in insolor more.	vent l	businesses, held during the o	disclosure period, i	f the inter	est has a
F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST		VALUE
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				COMMISSION	<del>.</del>	
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	re if entry is None ON: I hereby certify that the above is a	true		tement to the bes		

certification: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE